Project Data At-A-Glance

COTR (or Point of Contact) Name	Miguel T. Greer
COTR (or POC) Extension	3411
Project Title	Renovate 2A Wing for
Work Location	2A Wing, Bldg. 500
Project Number	613 13 112
Contractor (or TBD)	TBD
Contractor Supervisor (CO if TBD)	TBD
Contractor Contact Number	
Project Start Date	Spring 2013
Est. Project Duration	3 Month

Project Description

Project renovates 3,340 square feet of space vacated by the Director's Suite on the 2nd Floor, A Wing, Building 500 fo the OEF/OIF Clinic.

ICRA Signers		
Title	**Signer**/*Alternate*	Extension
Project Section Supervisor	**Anthony Peterdis**	**4400**
	Jeff Miller	*2072*
Safety Program Manager	**Dennis Pennett**	**4582**
	Jill Schattell	*3412*
Infection Control	**Shari Self**	**3626**
	Shirley York	*4574*
	Roberta Harris	*4875*
Industrial Hygiene	**Krista Bowen***	**4715**
	Jill Schattell	*3412*

ILSM Signers		
Title	Signer/Alternate	Extension
Project Section Supervisor	**Anthony Petredis**	**4400**
	Jeff Miller	*2072*
Safety Program	**Dennis Pennett**	**4582**
	Jill Schattell	*3412*
Police Department	**John Shade**	**4100**
	Richard Love	*4103*
Fire Department	**Donnie Grubb**	**4314**
	~~*Doug Stroop*~~ *Eric Gray*	*4611 / 4612*
	Ed Sankbeil	*4611 / 4612*

**Note: Krista Bowen can also sign on behalf of Safety Office for the Construction Start-Work Permits*

I acknowledge that it is my responsibility to submit signed safety documents to Contracting *prior to solicitation*.
I certify that all project information is correct and complete to the best of my knowledge. I will ensure the precautions listed in the ICRA and ILSM, including those added by the ICRA and ILSM signers and/or their alternates, will be upheld.

Miguel T. Greer — 8/30/12

COTR signature **Date**

MARTINSBURG VA MEDICAL CENTER
INFECTION CONTROL RISK ASSESSMENT

Project Title:	Renovate 2A Wing for OEF/OIF				
Project Number:	613	13	112	Project Start Date:	Spring 2013
Location of Work	2A Wing, Bldg. 500			Estimated Duration:	3 Month
VA COTR:	Miguel T. Greer			COTR Extension	3411
Contractor:	TBD			Contractor Telephone:	
Contractor's Supervisor	TBD				

TYPE OF CONSTRUCTION		PATIENT RISK GROUP		CLASS OF PRECAUTIONS	
	TYPE A		GROUP 1: Low Risk		CLASS I
	TYPE B		GROUP 2: Medium Risk		CLASS II
X	TYPE C	X	GROUP 3: High Risk	X	CLASS III

Please mark Construction Types and Risk Groups with X's.
Precaution Classes will populate automatically based on this matrix.

Patient Risk Group	Type of Construction A	B	C	Class of Precaution
Low Risk Group	I	II	II	
Medium Risk Group	I	II	III	
High Risk Group	II	III	III	

Type of Construction	
	Inspection and Non-Invasive Activities
Type A	Small scale removal of ceiling tiles for visual inspection or minor installation (limited to 1 tile per 50 sq. ft.)
	Painting (but not sanding)
	Wall covering, electrical trim work, minor plumbing, and activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
	Small scale, short duration activities that create minimal dust.
Type B	Installation of telephone and computer cabling.
	Access to chase spaces.
	Cutting of walls or ceiling where dust migration can be controlled.
	Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components, assemblies, or new construction.
	Sanding of walls for painting or wall covering.
	Removal of floor coverings, ceiling tiles, and casework
	New wall construction.
	Uncontained duct, HVAC, or electrical work above ceilings.
Type C	Major cabling activities, major plumbing activities (including items that expose sewage, such as work on a major stoppage.)
	Any other project where high levels of dust are generated.
	Any activity that cannot be completed within a single work shift/ activities that require consecutive work shifts
	Activities that require heavy demolition or removal of a complete cabling system
	New construction

Patient Risk Groups			
Low Risk	Vacant Floor	Administrative Offices	Lobbies
	Public Corridors	Elevators	Day Rooms
	Canteen Retail Store	Outdoors	Non-Patient Care Space
Medium Risk	Cardiology	Outpatient Clinics	Endoscopy
	Food Service/ Dietary Care	Nuclear Medicine	Laboratory (non-specimen)
	Physical Therapy	Pharmacy	Radiology/MRI
	Primary Care and Urgent Care	Respiratory Therapy	Interim Care/ Medical Units
High Risk	CCU/Emergency Room	Areas w/ immuno-compromised patients	Negative Pressure Isolation Rooms
	Central Sterile Supply	Labor & Delivery	Protective Care 6A
	Laboratories (Specimen)	Oncology	Newborn Nursery/Pediatrics
	Interventional Radiology	Outpatient Surgery	Pharmacy I.V. Room
	Surgical Units	Operating Rooms	Medical Units
	SPD Storage/Sterilization	Post Anesthesia Care Unit	Intensive Care Units
		Bronch Suite	Endocardiography

Continued on next page

Project: *Renovate 2A Wing for OEF/OIF*

CLASS I	1. Obtain infection control permit. 2. Execute work by methods to minimize raising dust from construction operations. 3. Immediately replace any ceiling tile displaced for visual inspection. 4. Clean work area upon completion of task
CLASS II	1. Obtain infection control permit before construction begins. 2. Notify staff in the immediate area 3. Provide active means to prevent air-borne dust from dispersing into atmosphere. 4. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation. 5. Water mist work surfaces to control dust while cutting. 6. Seal unused doors with duct tape. 7. Block off and seal air vents. 8. Place dust mat at entrance and exit of work area. 9. Contain construction waste before transport in tightly covered containers. 10. Upon completion, wipe work surfaces with disinfectant, wet mop and/or vacuum with HEPA filtered vacuum.
CLASS III	1. Obtain infection control permit before construction begins, and notify staff in the immediate area. 2. Complete all critical barriers or implement control cube method before construction begins. 3. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Cover transport receptacles or carts. Tape covering. 6. Seal holes, pipes, conduits and punctures appropriately. 7. Place dust mats at entrance and exit of work area. 8. Vacuum work with HEPA filtered vacuums. 9. Wet mop with disinfectant. 10. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Service. 11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 12. Contain construction waste before transport in tightly covered containers.

ADDITIONAL CONCERNS

Will the project produce any fumes or vapors, or otherwise affect air quality?	**YES**	**NO**
		X

(Whenever "X" is placed under the "Yes" box, the line above automatically populates with "Provide Details" to remind COTRs that details are needed.)

Will the project create vibrations that could loosen dust or other particulates, impair construction barriers, or otherwise affect areas outside of the work area?	**YES**	**NO**
		X

(As above, whenever "X" is placed under a "Yes" box, "Provide Details" automatically pops up. If the "X" is in the "No" box, then no help text populates.)

Will work activity include asbestos abatement or containment, or take place in areas where ACM has been found? PROVIDE DETAILS. List additional precautions below	**YES**	**NO**
	X	

(As above, whenever "X" is placed under a "Yes" box, "Provide Details" automatically pops up. Also prompts COTR to include additional precautions in the next section.)

ADDITIONS AND/OR MODIFICATIONS TO CLASS III PRECAUTIONS

All work will be performed in accordance with state and federal regulations.

Infection Control	S. Sell	Date:	8/29/12
Industrial Hygiene		Date:	8/29/12
Safety Program Manager	for Dennis Pennell	Date:	8/29/12
Project Section Supervisor		Date:	8/30/12

MARTINSBURG VA MEDICAL CENTER
INTERIM LIFE SAFETY MEASURES PERMIT

Project Title:	Renovate 2A Wing for OEF/OIF				
Work Location:	2A Wing, Bldg. 500				
Project Number:	613	13	112		
Point of Contact:	Miguel T. Greer		Extension:	3411	
Deficiency:					
Start Date:	Spring 2013		Estimated Duration:	3 Month	

PART I: PROJECT EVALUATION **Review each of the following categories and indicate whether each is acceptable to the project/Life Safety code deficiency by checking the appropriate response.**

A. EXITS

	YES	NO	N/A
Does the project/deficiency have the potential of affecting an exit or other components of the means of egress?		x	
Will affected exit be used by other than contractor personnel?			x
Will alternate exit route be sufficiently marked and lit?			x

B. EMERGENCY ACCESS

	YES	NO	N/A
Does the project/deficiency have the potential of obstructing access to emergency departments, services or vehicles?		x	
Does the project/deficiency have the potential of obstructing access of emergency responders to the construction area?		x	

C. FIRE PROTECTION

	YES	NO	N/A
Does the project/deficiency have the potential of impairing existing fire alarm, fire detection, or fire suppression systems?		x	
Will temporary fire protection systems be required as part of the project/deficiency?		x	

D. TEMPORARY PARTITIONS

	YES	NO	N/A
Will construction involve the use of temporary partitions?		x	

E. ADDITIONAL FIRE FIGHTING EQUIPMENT and TRAINING

	YES	NO	N/A
Does the area affected by the project/deficiency warrant placement of additional fire protection equipment?		x	
Will additional fire safety training be required of affected personnel?		x	

F. COMBUSTIBLE FUEL LOAD LEVELS

	YES	NO	N/A
Does the project/deficiency involve the storage of flammable or combustible materials?		x	
Does the project/deficiency have the potential of creating flammable or combustible debris?		x	

G. FIRE DRILLS

	YES	NO	N/A
Does the project/deficiency warrant additional fire drills?		x	

H. HAZARD SURVEILLANCE

	YES	NO	N/A
Does the project/deficiency present added hazards, such as: excavations; construction/ chemical storage; or field offices, which warrant increased hazard surveillance?		x	
Contractor or COTR is to provide Material Safety Data Sheets to the Safety Office for all chemicals, cleaning agents, solvents, etc., to be used during project. Has this been done?		x	
Will hazard communication training be provided, including location of spill kits, and advisement to notify Fire Department in the event of spills?		x	

Project Title: Renovate 2A Wing for OEF/OIF Project Number: 613 13 112

I. ADDITIONAL PERSONNEL TRAINING

	YES	NO	N/A
Does the project/deficiency have the potential to affect structural features of the fire safety system?		x	
Does the project/deficiency have the potential to affect compartmentation features of the fire safety systems?		x	

J. FACILITY-WIDE TRAINING

	YES	NO	N/A
Does the project/deficiency present Life Safety Code deficiencies or construction hazards, which warrant facility-wide education of personnel concerning these Interim Life Safety Measures?		x	

K. FIRE/SMOKE BARRIERS

	YES	NO	N/A
Will the project cause penetrations to be made in Fire/Smoke Barriers?		x	
Will fire/smoke barriers be temporarily sealed with a UL-Listed material filler on both sides of the barrier?		x	
Will these temporary UL-Listed material adequately compensate for the penetrations made in the fire/smoke barriers?		x	

L. GENERAL SAFETY

	YES	NO	N/A
Will the project cause noise levels greater than or equal to 90 decibels?		x	
Does Personal Protective Equipment and relevant training need to be provided for staff, patients or visitors?		x	
Does project involve relocation (or changes in designation) of functions or services requiring eyewashes or chemical showers?		x	

M. ACCESSIBILITY

	YES	NO	N/A
Will signage be required to limit access to work area?		x	
Will there be sufficient clearance around the construction site to prevent tripping hazards, falling debris, or other safety concerns?		x	

PART II: INTERIM LIFE SAFETY MEASURES: Provide a description of all items indicated as applicable in Part I. Explain Interim Life Safety measures or procedures which will then be incorporated into the project.

Will Re-evaluate closer To renovation period.

Construction Safety Committee Chair - ILSM Evaluator — Date: 8/30/12

for Dennis Pennett — Date: 8/29/12
Safety Program Manager

Eric Lang Asstant Fire Chief — Date: 8/30/12
Fire Chief

Police Service Representative — Date: 08/30/12

Project: Renovate 2A Wing for OEF/OIF

Project Re-Evaluation And Review

*Projects are to be re-evaluated every sixty (60) days from initial ICRA evaluation to ensure all information is correct, complete, and current. Changes to the work location, construction type, or other factors necessitating **any** modification to the Infection Control Precautions as listed **must** be documented below, with approval from Infection Control, Industrial Hygiene, Safety, and Project Section.*

Project Re-Evaluation	Date	Yes	No
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)			
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)			
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)			

*If "No" to all of the above, COTR certifies that **no changes** need to be made to Infection Control Precautions as listed on the ICRA.*

COTR Signature _____ *Date* _____

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

_____

_____

_____

_____

_____

_____

Circle Changes Below
New Construction Type
A B C
New Risk Group
1 2 3
New Class of Precautions
I II III

Initial and Date Below

Infection Control _____ *Industrial Hygiene* _____ *Projects Section Supervisor* _____ *Safety Program Manager* _____

Project Re-Evaluation	Date	Yes	No
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)			
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)			
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)			

*If "No" to all of the above, COTR certifies that **no changes** need to be made to Infection Control Precautions as listed on the ICRA.*

COTR Signature _____ *Date* _____

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

_____

_____

_____

_____

_____

_____

Circle Changes Below
New Construction Type
A B C
New Risk Group
1 2 3
New Class of Precautions
I II III

Initial and Date Below

Infection Control _____ *Industrial Hygiene* _____ *Projects Section Supervisor* _____ *Safety Program Manager* _____

This work permit is to be printed by Project COTR. Infection Control, Safety and Fire Department are to check the boxes as applicable and sign the permit before work may begin.

Construction Start Work Permit

613 13 112

Project Title: | **Start Date:** | **Est. Duration:** 3 Month

Project Location: 2A Wing, Bldg. 500

Point Of Contact: Miguel T. Greer | **P.O.C. Phone Ext.** 3411 | **After-Hours Contact #:**

Notice: For projects with Class II and III Infection Control precautions, work is not to begin until after permit has been signed.

INFECTION CONTROL (Construction Barriers - Containment - Ventilation)	Yes	No	N/A
Is the Infection Control Risk Assessment (ICRA) visibly posted on-site?			
Is the ICRA complete and up-to-date (including re-evaluation forms as necessary)?			
Are the project conditions/scope the same as indicated on the signed ICRA?			
Have all conditions/controls indicated in the ICRA been satisfied?			
Have staff in immediate area been notified of construction?			

Hazard Surveillance and Life Safety	Yes	No	N/A
Is the Interim Life Safety Measures evaluation (ILSM) visibly posted on-site?			
Is the ILSM form complete and up-to-date?			
Are construction barriers made of fire-rated or fire-resistant material?			
Are means of egress clear and free of obstruction in construction and adjacent areas?			
Is access for the fire department and emergency services clear and free of obstruction?			
Are temporary signage, exit routes, etc., in place?			
Are fire extinguishers readily available in construction area?			
Are flammables and combustibles in proper containers?			

Fire Detection and Prevention Systems	Yes	No	N/A
Is fire sprinkler system active?			
Is fire alarm system active?			
Are smoke detectors active and uncovered?			
If "No" to any of the above, are temporary measures in place?			

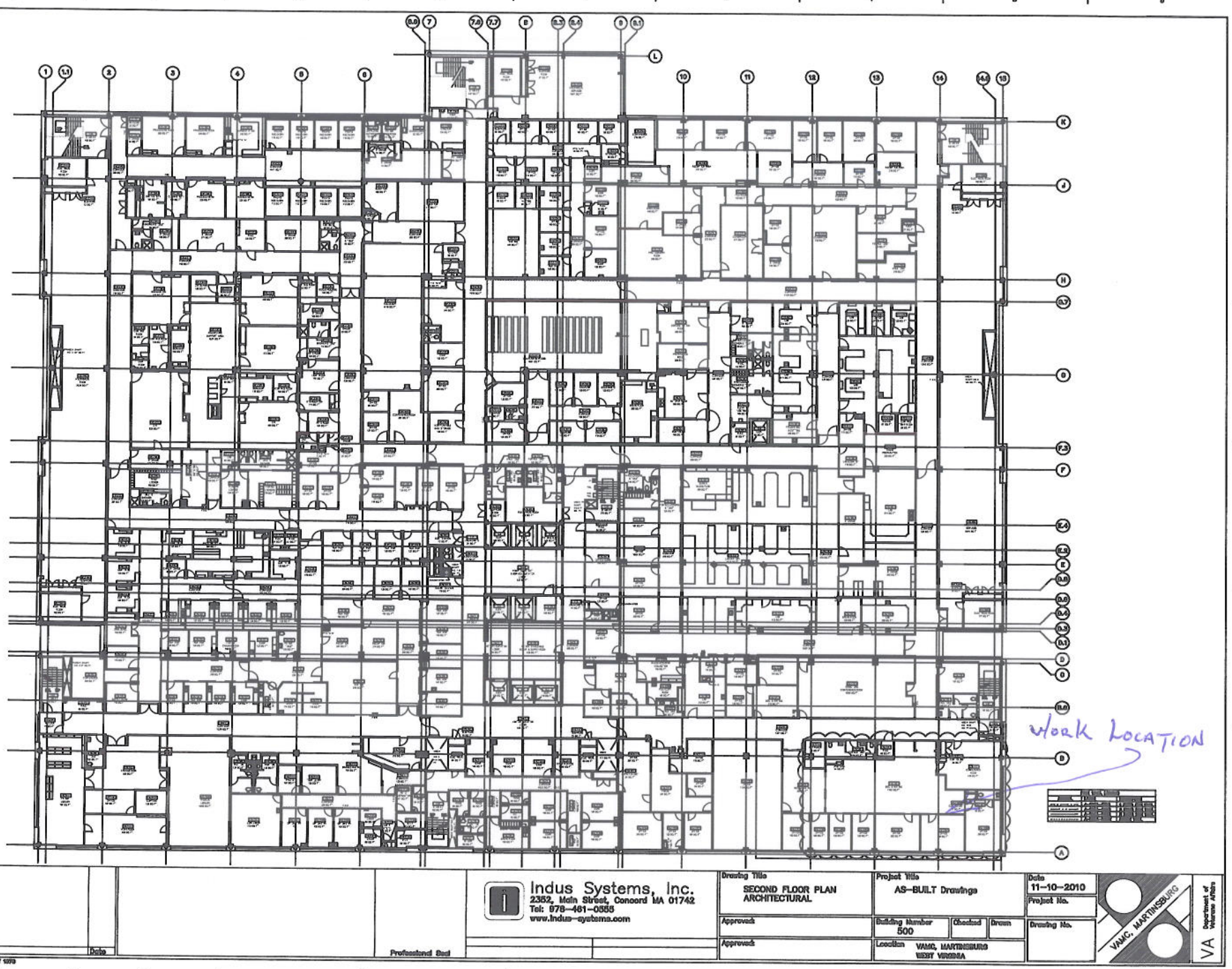
General Safety and Security	Yes	No	N/A
Is there proper signage in place at the entrance to the construction site denoting appropriate PPE required for entry?			
Are workers properly attired and equipped with appropriate PPE?			
Are workers properly identified with appropriate badges?			
Are entrances to construction site closed and locked as appropriate?			
Has the proper fall protection equipment been provided?			
Is scaffolding compliant with OSHA standards?			
Are Material Safety Data Sheets present on-site for all chemicals to be used during the project?			
Are lock-out/tag-out procedures developed and present on-site?			

Description/Scope/Remarks/Details *(To be filled out by Infection Control, Fire Department, or Safety Program Representatives)*

Infection Control Representative (Shari Self, x3626) *Alternates: Shirley York, x4574; Roberta Harris: x4875* Date

Fire Chief/Fire Dept. Representative (Donnie Grubb, x4314) *Alternates: x4611; x4612* Date

Safety Program Representative (Dennis Pennett x4582) *Alternates: Krista Bowen, x4715; Jill Schattel, x3412* Date



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www.indus-systems.com

Drawing Title: SECOND FLOOR PLAN ARCHITECTURAL
Project Title: AS-BUILT Drawings
Date: 11-10-2010
Project No.
Drawing No.
Approved
Approved
Building Number: 500
Checked
Drawn
Location: VAMC, MARTINSBURG WEST VIRGINIA
Revisions
Date
Professional Seal
VAMC, MARTINSBURG
VA Department of Veterans Affairs